Medical Treatment of Trigeminal Neuralgia

SEVERE PAROXYSMAL FACIAL pain restricted to the distribution of one or two devisions of one trigeminal nerve can be controlled in most patients by carbamazepine (Tegretol®, Geigy), 200 to 1200 mg daily. Other facial pains, aside from the rare case of glossopharyngeal neuralgia, are not helped by this drug. Because of rare adverse effects, including bone marrow depression and altered liver and renal function, patients receiving carbamazepine must be followed closely and appropriate laboratory studies performed periodically. Since patients with trigeminal neuralgia frequently experience spontaneous remissions, attempts to discontinue the drug should be made every few months. When carbamazepine alone is ineffective, the addition of diphenylhydantoin, 200 to 400 mg daily, may be helpful. Since carbamazepine has been available, very few patients with trigeminal neuralgia require surgical treatment.

J. CARROLL RAMSEYER, M.D.

REFERENCES

Rockliff BW, Davis EH: Controlled sequential trials of carbamazepine in trigeminal neuralgia. Arch Neurol 15:129-136, Aug 1966

Amols W: A new drug for trigeminal neuralgia. Trans Am Neurol Assoc 91:163-164, 1966

Current Areas of Investigation on the Medical Management of Stroke

MEDICAL MANAGEMENT OF STROKES is currently aimed at the unresolved problems of (1) reducing cerebral edema, (2) increasing cerebral blood flow (CBF), and (3) reducing platelet agglutination. Reports on the use of dexamethasone aimed at reducing cerebral edema following a stroke indicate a mild beneficial effect on the neurological status, but further controlled studies are required for proper assessment.

Increasing CBF to ischemic areas adjacent a cerebral infarct with various vasodilators and with blood pressure control remains highly controversial. Although complex and sophisticated brain scanning techniques quantitating regional CBF yield conflicting information, continued investigations should clarify these issues.

Reduction of platelet agglutination by inhibiting its release of adenosine diphosphate (ADP) with acetylated salicylic acid (ASA) or dipyridamole is a potentially effective means of treating transient ischemic attacks (TIA). Preliminary clinical studies supported by basic research on platelet physiology indicate a central role played by platelets in TIA and arterial thrombosis. Current extension of these investigations will shed important light on this critical problem.

FRANK M. YATSU, M.D.

REFERENCES

Acheson J, Danta G, Hutchinson EC: Controlled trial of dipyridamole in cerebral vascular disease. Brit Med J 1:614-615, Mar 8, 1969

Browne TR 3rd, Poskanzer DC: Treatment of strokes—I. New Eng J Med 281:594-602, Sep 11, 1969

Cervical Spondylosis—The Overlooked Cause of Impaired Gait

CERVICAL SPONDYLOSIS is a degenerative disease of the cervical intervertebral discs which results in injury to surrounding structures and which may *not* always be diagnosed by plain cervical spine films. There is often progressive myelopathy, with no significant cervical or brachial pain, which presents as a progressive gait disturbance. This is generally due to corticospinal tract disease but it is sometimes the result of proprioceptive tract involvement at a time when there is little evidence of motor tract involvement. Although the spinal cord compression is classically demonstrated and localized by myelography, it is possible to screen for a partial or complete block by performing lumbar CFS manometrics with a sensitive strain gauge transducer which may show abnormalities not seen with classical open-tube manometry.

J. DONALD EASTON, M.D.

REFERENCES

Gilland O, Nelson JR: Lumbar cerebrospinal fluid electromanometrics with a minitransducer. Neurology 20:103-114, Feb 1970

Muscle Biopsy in the Diagnosis of Neuromuscular Disease

MUSCLE BIOPSIES HAVE become increasingly helpful in the clinical evaluation of the patient with neuromuscular disease. Careful muscle biopsy is especially indicated in the "floppy child" syndrome. One or preferably two separate muscles